

Please Provide Completed Form To:

House Select Committee on Redistricting

selectcommitteeonredistricting@myfloridahouse.gov

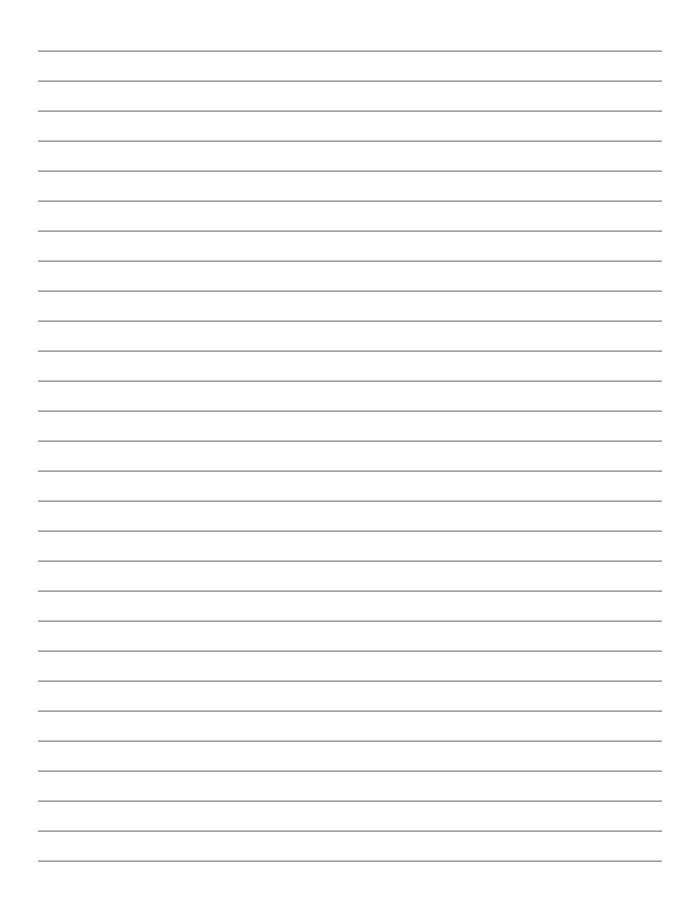
Mail to: Select Committee on Redistricting
418 The Capitol
402 South Monroe Street
Tallahassee, FL 32399-1300

Florida Congressional Redistricting Suggestion Form

By submitting this form, I acknowledge that my comments and suggestions may be displayed on www.floridaredistricting.org or other public websites maintained by the Florida Legislature.

Note: the entirety of this form is a public record.

*Field is req		utrety of this form is a public record	u.			
Prefix	*First Name Michael	*Last Name Danish	nish		Suffix	
Organization	n Name (If applicable)					
*Your Addre	ess 18048 Arbor Crest Drive	*City_Tampa	*State_Fl	*Zip <u>336</u>	647	
Your County	y Hillsborough Yo	our Emailmichaeljdanish@gmail	.com			
Court's ruling re	y up with you if we have questions egarding political intent, answering	NO may prevent your suggestion f	rom be considered			
*Are you a part of any political groups or organizations that have an interest in redistricting?				□Yes	⊠No	
*If Yes, Please	list them below:					
*If you are submitting a comment, is your suggestion solely your own? *If you are submitting a drawn map, was the map drawn solely by you? *If you answered NO to either of the previous two questions, Please list the name of every person with on your suggestion or map:				¥Yes ¥Yes ou collabora	□No □No .tted	
sugge be	se provide detailed comments estion is a lawful change to the able to provide a non-partisan figuration of each district and statutory criteria appli	Florida Congressional District and incumbent-neutral justification	ct Map. Comn ication for the of the constitu	nents shou proposed	ld	



Please use the map below to demonstrate what your comments reflect. (Optional)

